



COUNTY OF LOS ANGELES

UNITED STATES

SERIES I SAVINGS BONDS

CHANGE AUTHORIZATION



PREPARE ONLY ONE COPY OF THIS FORM. COMPLETE A SEPARATE FORM FOR EACH BOND YOU WISH TO CHANGE. UPON COMPLETION, FORWARD THIS FORM TO YOUR DEPARTMENT'S U.S. SAVINGS BONDS COORDINATOR. USE THIS FORM TO: 1) CHANGE OWNER INFORMATION, 2) CHANGE AMOUNT OF MONTHLY DEDUCTION OR FACE VALUE OF BONDS BEING RECEIVED, OR 3) CHANGE CO-OWNER/BENEFICIARY INFORMATION ON BONDS.

DO NOT WRITE IN THE BOXES TO THE RIGHT. FOR AUDITOR'S USE ONLY.	DEDUCTION CODE 168	OLD P/R DED	NEW P/R DED	BOND SEQ NO.	CODE
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EMPLOYEE NO.	DEPT. NO.	EMPLOYEE NAME (TYPE OR PRINT FIRST, MI, LAST)

IDENTIFY THE BOND YOU WISH TO CHANGE BY PROVIDING THE FOLLOWING INFORMATION:

BOND OWNER:
CO-OWNER OR BENEFICIARY:

SUBMIT A SEPARATE FORM FOR EACH BOND

ENTER THE TOTAL NUMBER OF FORMS YOU ARE NOW SUBMITTING	NUMBER
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COMPLETE CHANGE(S) REQUESTED:

☐ **CHANGE OWNER INFORMATION:**

OWNER SOCIAL SECURITY NUMBER - THIS IS MANDATORY		OWNER NAME (TYPE OR PRINT FIRST, MI, LAST)
FROM		FROM
TO		TO

OWNER STREET ADDRESS		CITY	STATE	ZIP
FROM				
TO				

☐ **CHANGE BOND AMOUNT:**

MONTHLY DEDUCTION FACE VALUE

FROM \$	\$
TO \$	\$

MONTHLY DEDUCTION	FACE VALUE	MONTHLY DEDUCTION	FACE VALUE
50.00	50.00	200.00	200.00
75.00	75.00	500.00	500.00
100.00	100.00	1,000.00	1,000.00

CHANGE CO-OWNER/BENEFICIARY SOCIAL SECURITY NUMBER		CO-OWNER/BENEFICIARY NAME (TYPE OR PRINT FIRST, MI, LAST)	CO-OWNER	BENEFICIARY
FROM		FROM		
TO		TO		

THE CO-OWNER/BENEFICIARY'S SOCIAL SECURITY NUMBER IS PREFERRED BUT NOT MANDATORY.

I HEREBY AUTHORIZE THE AUDITOR OF THE COUNTY OF LOS ANGELES TO MAKE THE INDICATED CHANGE(S) TO MY BOND INFORMATION. THE INDICATED CHANGE(S) SUPERCEDE THE INFORMATION SUBMITTED BY ME ON ANY PREVIOUS AUTHORIZATION. THIS CHANGE AUTHORIZATION WILL REMAIN IN EFFECT UNTIL I SUBMIT THE APPROPRIATE DOCUMENT TO NOTIFY THE AUDITOR OTHERWISE.

EMPLOYEE SIGNATURE _____ DATE _____
WORK PHONE () _____ HOME PHONE () _____
(5/02) (OPTIONAL)